



PROTECTING THE PUBLIC
SERVING OUR NATION

Office of Enforcement Programs and Services

ROUTING AND TRANSMITTAL SLIP

Subject:

Date:

To:

Digital Signature

Comment

1.

2.

3.

4.

5.

6.

ACTION REQUIRED:

Approval

File

Review

As Requested

For Correction

See Me

Circulate

For Your Information

Signature

Comment

Prepare Reply

Other

REMARKS:

From:

Room:

Phone: